



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Application of: Douglas P. Cerretti

Docket No.: 2517-D

Serial No.: 10/664,456

Examiner: William W. Moore

Filed: September 19, 2003

Art Unit: 1656

For: METALLOPROTEINASE-DISINTEGRIN POLYPEPTIDES

## AMENDMENT AND RESPONSE AFTER FINAL

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

In response to the Final Office Action dated March 10, 2006, please amend the above-identified application as follows.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims, which begins on page 5 of this paper.

Remarks begin on page 7 of this paper.

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## **CERTIFICATE OF MAILING BY EXPRESS MAIL**

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

EXPRESS MAIL LABEL NUMBER: EV531747471US

I hereby certify that the following correspondence is enclosed and is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date listed below, and is addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Postcard

Signed:

Transmittal (+ copy) (1 pg)

Amendment and Response After Final (9 pgs)

Declaration Under 37 C.F.R. §1.132 (3 pgs)

Edwin E. Scheibner

Date: 6-02-06

JUN 0 2 2006 W O 6 - 05 - 0 6

Express Mail No EV522747471US

# PATENT APPLICATION

| 7 | E AUTHORIZATION / AMENDMENT TRANSMITTAL   |                 |                |                        |                     |              | Attorney's Docket No: 2517-D |               |                                       |             |
|---|---|-----------------|----------------|------------------------|---------------------|--------------|------------------------------|---------------|---------------------------------------|-------------|
| 7 | Serial No.  |                 | Filing [       | Date<br>ember 19, 2003 | Examiner            |              | Group /                      | Art Unit      | · · · · · · · · · · · · · · · · · · · |             |
|   | 10/664  | William W. Mo   | ore            |                        | 165                 | 6            |                              |               |                                       |             |
|   | In Re Application of Douglas P. Cerretti  For METALLOPROTEINASE-DISINTEGRIN POLYPEPTIDES  |                 |                |                        |                     |              |                              |               |                                       |             |
|   |   |                 |                |                        |                     |              |                              |               |                                       |             |
|   | TO THE COMMISSIONER FOR PATENTS:  |                 |                |                        |                     |              |                              |               |                                       |             |
|   | Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):  |                 |                |                        |                     |              |                              |               |                                       |             |
| ١ | <ul><li>☐ One month of original due date (\$120.00)</li><li>☐ Two months of original due date (\$450.00)</li></ul>  |                 |                |                        |                     |              |                              |               |                                       |             |
|   | ☐ Two months of original due date (\$450.00) ☐ Three months of original due date (\$1,020.00)   |                 |                |                        |                     |              |                              |               |                                       |             |
| 1 | ☐ Four months of original due date (\$1,590.00)   |                 |                |                        |                     |              |                              |               |                                       |             |
| ı | Five months of original due date (\$2,160.00)   |                 |                |                        |                     |              |                              |               |                                       |             |
|   | A response in connection with the matter for which this extension is requested:   |                 |                |                        |                     |              |                              |               |                                       |             |
|   | is filed herewith.  |                 |                |                        |                     |              |                              |               |                                       |             |
|   | has been filed.   |                 |                |                        |                     |              |                              |               |                                       |             |
|   | ☐ The response is the filing of a continuing application, the prior application having an express   |                 |                |                        |                     |              |                              |               |                                       |             |
| ı | abandonment conditioned on the granting of a filing date to the continuing application.   |                 |                |                        |                     |              |                              |               |                                       |             |
|   | ☐ The accompanying papers include amended claims for which no additional fee is required.   |                 |                |                        |                     |              |                              |               |                                       |             |
|   | The accompanying papers include amended claims the fee for which has been calculated as follows:  |                 |                |                        |                     |              |                              |               |                                       |             |
| 1 | CLAIMS AS AMENDED   |                 |                |                        |                     |              |                              |               |                                       |             |
| l | (1)   | (2)<br>Claims   | (3)            | (4)<br>Highest number  | (5)<br>No. of Extra |              | (6)                          |               | (7)<br>Addition                       | ıal         |
|   |   | remaining       |                | Previously paid        | claims present      |              | Rate                         |               | Fee                                   |             |
| ı |   | After           |                | for                    |                     |              |                              |               |                                       |             |
| ŀ | Total Olaima  | amendment       | B. dimeron     | 24 =                   |                     | <del> </del> | <b>650</b>                   |               | <b>P</b> 0.00                         | <del></del> |
| ŀ | Total Claims<br>Indep. Claims   | 10<br>3         | Minus<br>Minus | 31 =<br>4 =            | 0                   | ×            | \$50<br>\$200                | =             | \$ 0.00<br>\$ 0.00                    |             |
| ŀ |   | nce of a multip |                | <u> </u>               |                     | +            | \$360                        | <del></del> - | \$ 0.00                               |             |
| Ì | Total Additional Fee for this Amendment \$ 0.00   |                 |                |                        |                     |              |                              |               |                                       |             |
| ĺ | * If the entry in column 2 is less than the entry in column 4, write "0" in column 5.   |                 |                |                        |                     |              |                              |               |                                       |             |
|   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. |                 |                |                        |                     |              |                              |               |                                       |             |
|   | The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior   |                 |                |                        |                     |              |                              |               |                                       |             |
| l | amendment or the number of claims originally filed.   |                 |                |                        |                     |              |                              |               |                                       |             |
| i | ☐ The following other fees are incurred by the accompanying papers.   |                 |                |                        |                     |              |                              |               |                                       |             |
| l | ☐ Other:  |                 |                |                        |                     |              |                              |               |                                       |             |
| l | ☐ Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of   |                 |                |                        |                     |              |                              |               |                                       | of          |
| l | \$ A duplicate copy of this petition is attached.   |                 |                |                        |                     |              |                              |               |                                       |             |
| l | ☐ If an additional extension of time is required, please consider this a request therefore.   |                 |                |                        |                     |              |                              |               |                                       |             |
| l | ☐ The Commissioner is hereby authorized to charge any additional fees which may be required by the  |                 |                |                        |                     |              |                              |               |                                       |             |
| l | accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.  |                 |                |                        |                     |              |                              |               |                                       |             |
| l | Please Send Future Correspondence To:   |                 |                |                        |                     |              |                              |               |                                       |             |
| l | 22932 Report E, Lymonto Well  |                 |                |                        |                     |              |                              |               |                                       |             |
| ١ | Immunex Corporation Susan E. Lingenfelter   |                 |                |                        |                     |              |                              |               |                                       |             |
|   | Law Department Attorney/Agent for Applicant(s)  |                 |                |                        |                     |              |                              |               |                                       |             |
|   | 1201 Amgen Court West Registration No.: 41,156 Seattle, Washington 98119-3105 Phone: (206) 265-7340   |                 |                |                        |                     |              |                              |               |                                       |             |
|   | (206) 265-7000 Date: June 2, 2006   |                 |                |                        |                     |              |                              |               |                                       |             |